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| ETITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FOR EXTENSION OF TIME UNDER                                                                 | Docket Number (Optional) |                                                    |                                |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|--------------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FY 2005 s pursuant to the Consolidated Appropriations Act, 2                                |                          |                                                    |                                |                        |
| Application Number 10/615,762                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                          | Filed 07/09/2003                                   |                                | 1                      |
| For Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ice Action Summary                                                                          |                          |                                                    |                                | 1                      |
| Art Unit 3643                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                          | Examiner Kurt C                                    | . Rowan                        | 7                      |
| This is a re application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | quest under the provisions of 37 CFR 1.136                                                  | (a) to extend the period | od for filing a reply in the                       | above identified               | 7                      |
| The reques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ted extension and fee are as follows (check                                                 | time period desired a    | nd enter the appropriate                           | fee below):                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             | <u>Fee</u>               | Small Entity Fee                                   |                                |                        |
| Х                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | One month (37 CFR 1.17(a)(1))                                                               | \$120                    | \$60                                               | <u>\$ 60.00</u>                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Two months (37 CFR 1.17(a)(2))                                                              | \$450                    | \$225                                              | \$                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Three months (37 CFR 1.17(a)(3))                                                            | \$1020                   | \$510                                              | \$                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Four months (37 CFR 1.17(a)(4))                                                             | \$1590                   | \$795                                              | \$                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Five months (37 CFR 1.17(a)(5))                                                             | \$2160                   | \$1080                                             | \$                             |                        |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                          |                                                    |                                |                        |
| A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                          |                                                    |                                |                        |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                          |                                                    |                                |                        |
| The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                          |                                                    |                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | irector is hereby authorized to charge a it Account Number                                  |                          | be required, or credit a<br>e enclosed a duplicate |                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NG: Information on this form may become pul<br>credit card information and authorization on |                          | ation should not be includ                         | ed on this form.               |                        |
| I am the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | xx applicant/inventor.                                                                      |                          |                                                    |                                |                        |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                          |                                                    |                                |                        |
| attorney or agent of record. Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                          |                                                    |                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | attorney or agent under 37 CFF Registration number if acting under                          |                          |                                                    |                                | 8<br>8                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12 Herry                                                                                    |                          | 9-14                                               | . 05                           | 8.03                   |
| Ter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ry M. Howley <sup>Signature</sup>                                                           |                          | Da                                                 | ate                            | 1576                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>                                                                                    |                          | 989-395-                                           | 4737                           | 9                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Typed or printed name                                                                       |                          | Telephon                                           | e Number                       | 00000017 10615762<br>6 |
| signature is rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | res of all the inventors or assignees of record of the enti-<br>uired, see below.           | ·                        | ative(s) are required. Submit mu                   | ıltiple forms if more than one |                        |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             | submitted.               | retain a henefit by the public wit                 | pich is to file (and by the    | Į₫                     |
| his collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the ISPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to omplete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any omments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, I.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED ORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                                                                             |                          |                                                    |                                | 09/19/2005 MAHNED1     |
| If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                          |                                                    |                                | 1/60                   |